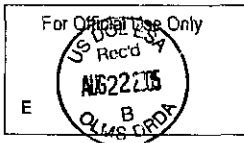


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10409	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name William H Hopkins P.O. Box, Bldg., Room No., if any Street 13207 Prado Lane City Houston State Texas ZIP Code + 4 77070	4. Name, file number, and address of labor organization. Name United Food & Commercial Workers Local 455 Labor Organization File Number 038-003 P.O. Box, Building and Room Number, if any Street 121 Northpoint Drive City Houston State Texas ZIP Code + 4 77060
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

William H Hopkins

On

8-13-05
Date

281-448-5555
Telephone Number

Name of Person Filing William Hopkins	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Dennis G. Jenkins, C.P.A.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1301 Shiloh Rd., Ste. 1250</p> <p>City Kennesaw</p> <p>State Georgia ZIP Code + 4 30144</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9 c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Local Union Auditor</p>
	<p>11.b. Approximate dollar value of such dealing. \$10,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Christmas Gift</p>
	<p>12.b. Amount. \$50</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

Name of Person Filing William Hopkins

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Marlene Hopkins

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 13207 Prado Lane

City Houston

State Texas ZIP Code + 4 77070

9. Business deals with

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name South Central UFCW H&W Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1800 Phoenix Blvd., Ste. 310

City Atlanta

State Georgia ZIP Code + 4 30329

11.a. Nature of such dealing.

Trust Fund provides Health & Welfare Benefits for employees and members of the Local

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Marlene Hopkins, spouse of William Hopkins is a full-time employee of Trust Fund. She was employed prior to her marriage.

12.b. Amount.

\$35,000

Name of Person Filing Rick Alleman	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name National Pacific Dental</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1445 North Loop West, Suite 1000</p> <p>City Houston</p> <p>State Texas ZIP Code + 4 77008</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name South Central UFCW H&W Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1800 Phoenix Blvd., Ste. 310</p> <p>City Atlanta</p> <p>State Georgia ZIP Code + 4 30329</p>	<p>11.a. Nature of such dealing.</p> <p>Provides Dental Benefits for members of Local 455.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Christmas Gift.</p>
<p>12.b. Amount.</p> <p align="right">\$123</p>	